

**TOWN OF GREECE
JUSTICE COURT
4 Vince Tofany Blvd.
Greece, NY 14612
Tel: (585)227-3110 - Fax: (585)227-7637**

Town Justice
Gino M. Nitti
Vincent B. Campbell
Charles A. Schiano, Jr.

PLEA FORM

NAME

DATE OF BIRTH

ADDRESS

CITY/STATE/ZIP

I, _____ *am pleading*

(Choose one) *GUILTY* _____ *NOT GUILTY* _____ (*non-misdemeanors only*)

TICKET NUMBER (S)

SIGNATURE

DATE

Supporting Deposition Request (can only be requested within 30 days of receiving a ticket) YES _____ NO _____